

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

June 29, 2016

Ms. Beth Peer, Manager
Our House Too Residential Care Home
69 1/2 Allen Street
Rutland, VT 05701-4501

Dear Ms. Peer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on May 31, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PRINTED: 06/03/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/31/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR HOUSE TOO RESIDENTIAL CARE HOME

69 1/2 ALLEN STREET
RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 5/31/16. A regulatory violation was cited as a result.	R100		
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure as needed (PRN) medications were properly documented for 9 of 10 residents (residents # 1-9). Findings include:	R171		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

ADMINISTRATOR

6/17/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/31/2016
NAME OF PROVIDER OR SUPPLIER OUR HOUSE TOO RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 69 1/2 ALLEN STREET RUTLAND, VT 05701			
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R171	<p>Continued From page 1</p> <p>Per record review, the following residents had been administered PRN medications that were not properly documented:</p> <p>Resident #1 - Milk of Magnesia on 5/4/16 - no result or response. Resident #2 - Haloperidol 5/18, 5/23 (x2), 5/24 - Milk of Magnesia 5/7, 5/17, Tylenol 5/26 (x2), 5/29, 5/30 - no result or response. Resident #3 - Milk of Magnesia 5/8, 5/7 - no result or response. Resident #4 - Senna 5/2, 5/4, 5/18, 5/25 - no result or response. Resident #5 - Seroquel 5/8, 5/23, Tylenol 5/25, 5/30 - no result or response. Resident #6 - Tussin 5/1 - no result or response. Resident #7 - Tylenol 5/17 - no result or response. Resident #8 - Tylenol 5/17, Vicks vapo rub 5/16 - no result or response. Resident #9 - Tylenol 5/2 - no result or response.</p> <p>The above was confirmed by the House Manager on 5/31/16 at 10:20 AM. The House Manager also confirmed that staff are expected to document reasons for giving the PRN medications and the resident's response to the medications.</p>	R171	<p><i>RN's will review MAR weekly to assure staff is documenting results -</i></p> <p><i>manager will monitor for compliance -</i></p> <p><i>staff has been reminded of proper protocol.</i></p> <p><i>7/1/16</i></p> <p><i>R171 POC accepted 6/27/16 Rtrnblaz RN/pmr</i></p>		